

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OKLAHOMA

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The State discloses social security number, confirmed abuse, aides' address, date of birth, sex, test type, certificate number, certification date, notice printed, who modified and modification date, recertification date, certificate printed, where trained and tested and evaluators social security number.

STATE <u>Oklahoma</u>	
DATE REC'D <u>APR 06 1993</u>	
DATE APPV'D <u>MAY 03 1993</u>	A
DATE EFF <u>JAN 01 1989</u>	
HCFA 179 <u>93-07</u>	

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